CITY OF SCOTTSDALE HOME INVESTMENT PARTNERSHIP PROGRAM PROPOSAL CHECKLIST FY 2009/2010

PROPOSAL DUE DATE: FRIDAY, NOVEMBER 21, 2008, 5:00 P.M. MST

The following documents must be attached to the application. Failure to do so makes the application incomplete

and in	eligible. Please indicate by "X" which attachments are being submitted with your application.			
	Organization Charter or Articles of Incorporation			
	Certification of Good Standing from Corporation Commission			
	A dated 501 (c) 3 Certificate from IRS			
	Certification of Tax Exempt Status of Grantee Organization			
	Bylaws or Resolution of Purpose (as applicable)			
	Annual Certified Financial Audit/Most Recent Audit/Certification from CPA			
	Audit Letter Self-Certification			
	Performance documentation, e.g., resumes of Chief Program Administrator and Chief Financial Officer, previous HOME Program experiences description, or consultant training contracts.			
	Statements documenting history of serving the community/beneficiaries participation			
	List of Board Directors			
	Statement of Operating Procedure approved by the governing body (if applicable)			
	Organizational Chart			
	Memorandum of Understanding (if applicable)			
	HOME Application (Original and one (1) copy, plus this document e-mailed to: HSGrants@ScottsdaleAZ.gov)			
Attach	ments:			
	 □ Project Narrative □ Market Demand □ Pro Forma – For All Rentals □ Letter of <u>firm</u> commitment <u>from</u> each Match provider □ Detailed Project Budget □ Organization Performance Narrative 			

PLEASE CHECK YOUR PROPOSAL(S) CAREFULLY AS INCOMPLETE PROPOSALS <u>WILL NOT BE CONSIDERED</u>.

Revised 9/22/08 Proposal Checklist

CITY OF SCOTTSDALE HOME/ADDI Proposal Application

1. Agency Information: Agency: **Contact Person:** Title: **Mailing Address:** Phone: Fax: E-mail Address: Web Site: 2. Project Information: **Project Title: Project Address: Project Site Acquired:** ☐ Yes ☐ No Amount of Requested Project Funding: \$ □ No Would you accept funds from another City of Scottsdale funding source?: Yes Project Category: (Indicate number of HOME assisted units in applicable category) Rental Housing: ____ Homeownership: ____ Multi-Family Rental (5 & over): ____ Project Type: (Indicate number of units in applicable category) Acquisition: Demolition: New Construction: Reconstruction: Other (specify): ____ Rehabilitation: Service Group: (Indicate the number of households) Service Area (targeted neighborhood): Target Population Income Level: (indicate number of households) At or below 50% of median: ____ At or below 80% of median: ____ Other (specify): ____ Eligibility of beneficiaries will be determined by: Project Cost Overruns, although not anticipated, will be handled by:

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3. Include the following items as an attachment. Label each attachment according to section title.

PROJECT NARRATIVE: (LIMIT TO ONE PAGE)

Describe project in detail indicating any issues that may impact timely implementation. **NOTE:** *The project must be well thought out with a defined target area.* State if this is a new project or an ongoing project. Indicate if HOME funding has been previously used in this project. Explain how operating costs associated with this project will be funded. Describe necessary site and any zoning issues. List any special program requirements which would apply to this project (e.g. lead based paint, asbestos abatement, Davis Bacon, special environmental concerns, FHEO). Elaborate on total funding including sources of additional funding. If this is a multi-family (over five units) rental project, describe how the project rule will be met. (See Grant Conditions 5.F) Describe how this project will be compliant with the City of Scottsdale's Consolidated Plan.

MARKET DEMAND

Supply information used to determine that there is a clear market demand for this project. Whereas need is outlined in the Consolidated Plan (CP), the need may not automatically translate into demand depending on occupancy levels, vacancy rates and waiting lists, etc.

PRO FORMA (for all proposed rental projects)

Supply information used to determine that rents or mortgages of the proposed units will be sufficient to pay off debt and operate and maintain and still remain affordable to the target population. Rental projects must show that they will remain feasible throughout the period of affordability, by showing that all operating costs will be covered with either sufficient rental income or through the commitment of other resources. The Pro Forma must cover the period of affordability; the proposal will be incomplete without the Pro Forma.

STATEMENT OF WORK

At a minimum, this section (see next page) will be included in the contract. Note that <u>any project</u> information submitted with this proposal may be included as part of the contract.

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STATEMENT OF WORK:

Agency Name:	Funding Year:	2009/2010
Specific Service Area:		
Project Work Scope: (in accordance with the provisions of 24 CFR Part 9 HOME Funds will be used for: (check one) Housing Rehabilitation Home Ownership	2.504 (c) (1) al (5 or more units) Beconstruction	
Beneficiaries:		
Number of households (Income Level):		
At or below 30% of median:		
At or below 50% of median but above 30%:		
At or below 80% of median but above 50%:		
Other (specify):		
Service Group:		
Elderly:		
Family:		
Handicapped:		
Other (specify):		
Initial and subsequent eligibility will be verified by:		
Outputs Expected:		
Outcomes Expected*:		

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^{*}What do you anticipate will occur as a result of achieving the outputs (completing the project)? How and when will you measure this? Note that achieving the outputs is a contractual obligation. <u>Measuring</u> anticipated outcomes is also a contractual obligation, but achieving the anticipated impact is <u>not</u> a contractual obligation.

chedule of Imple				Detec	
	<u>Tasks</u>			<u>Dates</u>	<u> </u>
ROJECT BUDG	SET SUMMARY: (S	ources & Use of F	- unds)		
	REQUESTED	MATCH		OTHER	
	HOME AMOUNT	(25%) AMOUNT	IN-KIND AMOUNT	RESOURCES AMOUNT	TOTAL BUDGET
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/ Construction					
onstruction					
abilitation					
ocation					
er (specify)					
Note: Attach le	H BY SOURCE: etter(s) of commit providing the match		AMOUNT \$ \$ \$ \$ \$ \$ \$ \$	SOI	URCE
		IOIAL	*		
udget should inc	lude, at a minimum	Attach a <u>detailed</u>	project budget sp	ecific for proposed	project. The
	lude, at a minimum	Attach a <u>detailed</u>	project budget sp	- pecific for proposed	project. The

4. ORGANIZATION PERFORMANCE NARRATIVE: (Attachment - Limit to one page)

Describe your organization. Describe your organization's performance on past and current projects including how your organization met its timely implementation requirement, encumbrance deadline, and reporting requirements. Please list your Board of Directors and include an organization chart. Please attach resumes for all principals and the project manager.

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5. GRANT CONDITIONS

- A. The City of Scottsdale's City Council will make final approvals and commitments for funding under this program. Such funding will be subject to the execution of subrecipient contracts under which the selected agencies will accept all of the grant mandated pass-through obligations. These obligations include, but are not limited to, equal opportunity, Davis-Bacon, lead-based paint hazards, accounting, procurement, performance reporting and all other applicable federal and County requirements and regulations required in the management of the HOME Investment in Affordable Housing. 24 CFR Part 92.
- B. All funding commitments are conditional on the projects obtaining environmental clearance before any funds are committed, including prior environmental clearance of every project site by address. The responsibility for performing the appropriate environmental clearance will rest with the City of Scottsdale. If a project address changes, or if a property is added to a funded program after the environmental clearance is completed, it is the responsibility of the funded agency to notify the City of Scottsdale Contract Administrator. In addition, the funded agency is to refrain from making any expenditure on that site until a new environmental clearance has been completed. Failure to meet these conditions will mean that requested funds would not be disbursed for any expenditure on that property.
- C. The enabling legislation for the HOME Program establishes a 25% match requirement for any activity funded under this program. To be considered eligible as match, a contribution must be made from non-federal sources and must be a permanent contribution to a HOME project or to HOME match-eligible housing. Any applicant for funding under the HOME Program will be responsible for identifying the source of funds and the amount of matching funds available to the project for which HOME funds are being requested. A firm commitment from each match provider must be attached to the Proposal. The funded agency will provide the required match each time a draw is requested for a funded activity. Eligible contributions of match are:
 - (1) Cash (if permanent contribution)
 - (2) Foregone taxes, fees or other charges
 - (3) Donated Land or Other real property
 - (4) On-site and off-site infrastructure
 - (5) Proceeds from affordable housing bonds
 - (6) Donated site preparation and construction materials
 - (7) Donated Use of site preparation and construction equipment
 - (8) Donated or voluntary labor and professional services
 - (9) Sweat equity
 - (10) Supportive services
 - (11) Homebuyer counseling services
- D. HUD has statutory encumbrance and expenditure dates. In addition, the Consortium has threeyear expenditure dates. Any funds not drawn down by June 30, 2012, shall be recaptured by the Consortium.
- E. Funding draws will be subject to compliance with City of Scottsdale Housing Rehabilitation Standards and local building code requirements.
- F. Low/moderate income persons must occupy 100% of units that are assisted with HOME funds. This must occur at the time of occupancy or at the time that funding is invested which ever is later. Each applicant will have to describe how it will limit participation in the funded program to households to meet the income eligibility requirement. 100% of all HOME assisted rental units will benefit persons with income of less than 60% of the median income. At least 20% of all units in multi-family projects of 5 units or more must benefit persons with income less than 50% of the median income.

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City of Scottsdale HOME Proposal

G. Financing a project with HOME funds is a long-term commitment. All projects funded commit the applicant to a long-term responsibility of some type. Housing projects have an extensive period of affordability enforceable by liens on the property and may also require long term monitoring for LBP hazards. Applicants are liable for repayment of the fair market value of the property if the use changes to an ineligible one.

6. CERTIFICATION OF AUTHORIZED OFFICIALS

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allocati	official designated by the governing body of the agency, I hereby certify that if approved a HOME on, (name of applicant) assumes the responsibilities specified in the regulations and certifies that:	
A.	It possesses the legal authority to apply for the funding allocation and to execute the proposed program.	
B.	It has resolved any audit problem or performance problem for prior local, state, or federal housing and community development programs.	

- C. The information, statements, and attachments contained in this application are, to the best of my knowledge and belief, true and correct.
- D. It will comply with all statements and regulations governing the HOME Program including the grant conditions contained in this application.
- E. Documentation is submitted authorizing the representative of the agency to negotiate for and contractually bind the agency. (Documentation of the requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address, and telephone number of each authorized individual.)
- F. It is prepared and has the authority within its charter, by-laws or statutory authority to enter into a contractual agreement with the City of Scottsdale for acceptance and use of HOME funding and makes this application and certification with full cognizance of its governing body.

Signed (Officer):	Printed Name:
Title:	Date:
Attested (Officer):	Printed Name:
Title:	Date:

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CERTIFICATION OF TAX EXEMPT STATUS OF GRANTEE ORGANIZATION

I, an Officer/Director of

	(Organization)
	a ruling from the Internal Revenue Service that it is exempt from a Internal Revenue Code and that the organization is not a private ternal Revenue Code.
I further certify that said exemption rulings from trevoked or amended.	the Internal Revenue Service are still in effect and have not been
Signature	
Name (please print)	
Title	
Date	

AUDIT LETTER SELF-CERTIFICATION

1.	Does the most recent auditor's letter to management identify findings or administrative concerns?			
	☐ Yes	□ No		
	If yes, please	e provide a full explanation.		